

PR001
25-Apr-11

Preliminary Report of Accident

U.S. Department of Labor
Mine Safety and Health Administration



1. Accident Type: Fatal Injury		2. Accident Classification Fall of Roof or Back		3. Date/Time of Accident 04/15/2011 05:35 PM		4. Date/Time of Death 04/15/2011 05:35 PM		5. Fatal Case No 4					
6. Mine Information :													
a) Mining Company Name Hecla Limited			b) Mine Name Lucky Friday			c) Parent of Mining Company Hecla Mining Company							
7. Mine Location :		a) City Mullan		b) County Shoshone		c) State ID		8. Mine ID Number: 10-00088		9. Union: YES			
10. Primary Mineral Mined: Silver Ore		11. Number of Mine Employees:		a) Total 270		b) Underground 180		c) Open Pit/Quarry 0		d) Mill/Prep Plant 41		e) Other 49	
12. Contractor Name:						13. Union		14. Contractor ID Number:					
15. Contractor Address:		a) City		b) County		c) State		d) Zip Code					
16. Number of Contractor Employees:		a) Total		b) Underground		c) Open Pit/Quarry		d) Mill/Prep Plant		e) Other			
17. Number of Persons in Mine at Time of Accident:						18. Number of Persons Unaccounted For:							
a) Mine Employees: 27		b) Contractor Employees: 0		a) Mine Employees: 0		b) Contractor Employees: 0							
19) Location of Accident										20. Mining Height:			
<input checked="" type="checkbox"/> 01-Underground		<input type="checkbox"/> 03-Open Pit		<input type="checkbox"/> 07-Advance Mining		<input type="checkbox"/> 30-Mill/Prep Plant		<input type="checkbox"/> Other (specify)		Feet		Inches	
<input type="checkbox"/> 02-Surface at Underground		<input type="checkbox"/> 06-Dredge Mining		<input type="checkbox"/> 08-Retreat Mining		<input type="checkbox"/> 99-Office Facility							
21. Nonfatal Injuries: 0		22. Fatal Injuries: 1											
23. Victim Information :				a) Name Lawrence L. Marek		b) Age 53							
c) Regular Job Title: Miner				d) Activity at Time of Accident: Wetting down muckpile				<input checked="" type="checkbox"/> Mine Employee					
24. Experience :		Years Weeks Days		Years Weeks Days		Years Weeks Days		Years Weeks Days					
a) Total:		26 36 4		b) at the mine: 8 37 1		c) at activity (23d) 8 37 1		d) with Contractor					
25. Autopsy Performed: If Yes, Location NO						26. Mine Telephone No.: (208) 744-1751							
27. Description of Accident (include equipment involved, the exact location in the mine, and status of rescue and recovery operations): The victim was in the 6150-15 west stope, wetting the muck pile when a section of the back fell in.													
28. Equipment Manufacturer:						29. Model:							
30. District: M7000 Western				32. Field Office: Kent WA				33. Event Number: 1155254					
34. Accident Investigator: Roderick B. Breland				35. MSHA Person Notified: Rodney Gust				Date 04/15/2011		Time 06:06 A			
36. Type of Report: Initial		37. Name of Preparer and Date Prepared: Mike Hancher				Date 04/24/2011							
38. Reason For Amendment:													